

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55090

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3					1	
4					1	
5					1	
6					1	
7			1		1	
8			1		1	
9					1	
10					1	
11					1	
12					1	
13					1	
14					1	
15			1		1	
16					1	
17					1	
18					1	
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20					1	
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48						
49						
50						
TOTAL IND.					3	↓
TOTAL DEP.	←	↑	←	↑	16	←
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	19	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.	←	↑	←	↑	↓	←
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]